

Draft Multi-State Plan Program Application

Comment Template

Name of Entity Submitting Comment		Department of Vermont Health Access, and VT Department of Financial Regulation
Contact Person Name:	Erick Carrera, DVHA; David Martini, DFR	
Email:	erick.carrera@state.vt.us , david.martini@state.vt.us	Phone: Erick Carrera: 802-871-3011; David Martini: 802-828-1046

- Special Instructions on Completing the Template**
- * Please do not use the merge-cell feature of Excel.
 - * Please use only one row and the four columns per comment.
 - * Feel free to use the wrap-text feature.

Comments			
Section Title/Subtitle	Page #	Description of Issue or Comment	Suggested Revision or Comment
Introduction/Background	4	The MSPP applicant with whom OPM will contract to offer two high quality products should be required to offer high quality products at each level that the state based Exchange requires of other QHP issuers. In Vermont other QHP issuers are required to offer plans at all four AV levels. OPM should require any MSPP issuer to do the same. Not doing so would lead to adverse selection and an unfair playing field for the other QHP issuers and would undermine competition.	
OPM's proposal to interact with the States during the benefits/rates review process	7, 8	A legislatively enacted independent board, the Green Mountain Care Board, approves health insurance rates in Vermont. OPM should coordinate rate approval of proposed plans before entering into contracts with MSPP applicant.	OPM should also coordinate with states regarding state laws concerning delivery reform and payment reform. These laws are not part of benefits and rates review. VT's "Blueprint for Health" is the state's program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management. This model features Advanced Primary Care Practices (APCPs) with recognition as patient-centered medical homes (PCMHs) and community health teams (CHTs), supported by multi-insurer payment reforms. The Blueprint has been recognized nationally as a model and is supported by CMS's Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration Project which allows Medicare to participate as an insurer with the Blueprint for Health, joining private insurers and Vermont Medicaid, to provide financial support for the APCPs through the multi-insurer payment initiative. Additionally, the Blueprint is integrated with the state's Health Information Exchange hosting a centralized registry and web-based clinical tracking system which is used to produce visit planners that guide individual patient care, and to produce reports that support population management, quality improvement, program evaluation and comparative benchmarking. In Vermont major health insurers are required to participate in this delivery and payment reform program. It is imperative that OPM require an MSPP applicant to participate in the Blueprint program. Not doing so would undermine VT's progress in integrating services and advancing care coordination and management, the success of VT's delivery and payment reforms, and the relatively high health status of Vermonters. We feel strongly that Vermonters' health needs should not be balanced with the need to administer the MSPP.
Applicant Overview	9 (and ref to page 4)	In explaining how participation would further OPM's objectives the applicant should be required to specifically address the objective to cooperate with states to create a level playing field. Any applicant seeking participation in VT's market should commit to participate in VT's Blueprint for Health program, and to abide by VT's mental health parity law, VT's maximum Rx out of pocket and Rx deductible laws, and commit to offering products at every AV level.	
Applicant information	9, item 8	The applicant information should include entry into a corporate integrity agreement (CIA) and the details concerning the cause of the CIA.	

Enrollment experience	12	An applicant with an existing presence in the state large group market should not be permitted to participate as a MSPP issuer. This would create an uneven playing field for QHP issuers competing with that carrier across all markets within VT. The smaller issuers cannot participate as a MSPP issuer. This would lead to an uneven playing field penalizing regional and small insurers.	
Enrollment experience	12	MSSP applicants should describe minimum loss ratio (MLR) history in other states and how they expect to comply with the ACA's MLR requirements.	
Marketing	14, item 3	OPM should require MSPP applicants to commit to abide by state laws governing compensation for agents and brokers, or producers. Vermont will have specific regulations providing for producer compensation and has enacted several statutes providing for compensation and prohibiting certain forms of compensation.	
Utilization/quality assurance	14-15	VT has enacted uniform prior authorization laws, regarding the form and timeliness, among other provisions requiring health plan to accept for each prior authorization request either the national standard transaction information, such as HIPAA 278 standards, for sending or receiving authorizations electronically or a uniform prior authorization form uniform to be specified by VT.	
Provider contracts	17, item 10	OPM should require the MSPP applicant to separately price and offer of pediatric dental benefits if a state requires such separate price and offer of QHP issuers. Not doing so would create an uneven playing field.	
Provider contracts	17	In VT mental health parity applies to both the group and individual markets, unlike federal law which only applies in the group market. OPM should require MSPP applicants to commit to abiding by state and federal mental health parity laws. Additionally Vermont has enacted legislation to integrate mental health and substance abuse treatment with other medical care. OPM should require an MSPP applicant seeking to participate in VT's market to commit to abiding by state MH/SA care integration. Not doing so would create an uneven playing field and set back VT's efforts to advance the health and well being of Vermonters.	
Product information/ Benefit proposal	18	Vermont has adopted an active purchaser model for our Exchange. Accordingly, QHP issuers must submit standard benefit design plans at every AV level. Additionally issuers may submit plans that are meaningfully different from the standard plans at the bronze, silver, and gold levels. OPM should require any MSPP applicant seeking to participate in VT's Exchange to coordinate with us to develop meaningfully different plans and coordinate with the state during OPM's form review period.	
Product information/ Benefit proposal	18, item 4	Vermont has enacted legislation to make high cost Rx affordable for people by setting a maximum amount on out of pocket spending and setting a minimum deductible. OPM should require any MSPP applicant seeking to participate in the VT exchange to commit to abiding by these laws.	